

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: SLOCUM-DICKSON MEDICAL GROUP, PLLC RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 10/02/1978
2a Plan sponsor's name (employer, if for a single-employer plan): SLOCUM-DICKSON MEDICAL GROUP, PLLC
2b Employer Identification Number (EIN): 20-0362623
2c Plan Sponsor's telephone number: 315-798-1500
2d Business code (see instructions): 621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	666
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	461
	<b>6a(2)</b>	413
	<b>6b</b>	0
	<b>6c</b>	202
	<b>6d</b>	615
	<b>6e</b>	1
	<b>6f</b>	616
	<b>6g(1)</b>	605
	<b>6g(2)</b>	581
<b>6h</b>	33	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2A 2E 2F 2G 2J 2R 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>SLOCUM-DICKSON MEDICAL GROUP, PLLC RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SLOCUM-DICKSON MEDICAL GROUP, PLLC</b>	<b>D</b> Employer Identification Number (EIN) <b>20-0362623</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**CHARLES SCHWAB INVESTMENT MGMT INC.**

**94-3106735**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NBT BANCORP, N.A.

16-1268674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	301408	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ASCENT WEALTH PARTNERS, LLC

122 BUSINESS PARK DR.  
STE 5  
UTICA, NY 13502

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	28479	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
59	NONE	63	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB TRUST BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62	NONE	16	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	21200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

EPIC RETIREMENT PLAN SERVICES

16-1450952

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BIRCH WEALTH INC

84-1817033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	10869	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HFR WEALTH MANAGEMENT LLC

86-3584492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	10782	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MAKROD INVESTMENT ASSOCIATES

22-2034385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	48738	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

STRATEGIC FINANCIAL SERVICES

16-1334685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	31181	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 62	21200
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EPIC RETIREMENT PLAN SERVICES  16-1450952	CUSTODIAN FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>Part III</b>	<b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b> (complete as many entries as needed)
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<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

<b>A</b> Name of plan <u>SLOCUM-DICKSON MEDICAL GROUP, PLLC RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SLOCUM-DICKSON MEDICAL GROUP, PLLC</u>	<b>D</b> Employer Identification Number (EIN) <u>20-0362623</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL PRESERVATION FUND

**b** Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST COMPANY

<b>c</b> EIN-PN <u>22-2712853-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6159162</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>SLOCUM-DICKSON MEDICAL GROUP, PLLC RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SLOCUM-DICKSON MEDICAL GROUP, PLLC</b>	<b>D</b> Employer Identification Number (EIN) <b>20-0362623</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	209138	371
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	790002	857538
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	66474	
<b>(3)</b> Other .....	<b>1b(3)</b>	208	
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	1214931	1265481
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	5391447	6159162
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	55748680	55727987
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	24237560	23138069

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	87658440	87148608
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	87658440	87148608

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2257538	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1714228	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	217286	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		4189052
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	84077	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		84077
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2130393	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	19011306	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	15972723	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		149907
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-2102024
<b>c</b> Other income .....	<b>2c</b>		2604273
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		10094261

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	10273072	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		10273072
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		1316
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	22746	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	28479	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	278110	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	370	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		329705
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		10604093

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-509832
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **D'ARCANGELO & CO., LLP**

(2) EIN: **13-2550103**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		985000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

<b>A</b> Name of plan <u>SLOCUM-DICKSON MEDICAL GROUP, PLLC RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SLOCUM-DICKSON MEDICAL GROUP, PLLC</u>	<b>D</b> Employer Identification Number (EIN) <u>20-0362623</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>82-3967259</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703383A.

SLOCUM-DICKSON  
MEDICAL GROUP, PLLC  
RETIREMENT PLAN

For the Year Ended  
March 31, 2025

FINANCIAL STATEMENTS  
AND SUPPLEMENTAL  
SCHEDULE

**SLOCUM-DICKSON MEDICAL GROUP, PLLC  
RETIREMENT PLAN**

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## **Independent Auditor's Report**

Board of Directors  
Slocum-Dickson Medical Group, PLLC  
Retirement Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed an audit of the financial statements of Slocum-Dickson Medical Group, PLLC Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of March 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Slocum-Dickson Medical Group, PLLC Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Slocum-Dickson Medical Group, PLLC Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Slocum-Dickson Medical Group, PLLC Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Slocum-Dickson Medical Group, PLLC Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

**Other Matter - Supplemental Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) as of March 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*D'Arcangelo + Co., LLP*

January 13, 2026

Utica, New York

**SLOCUM-DICKSON MEDICAL GROUP, PLLC  
RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**March 31, 2025 and 2024**

<b>Assets</b>	<b>2025</b>	<b>2024</b>
<b>Investments at Fair Value</b>		
Invested Cash and Cash Equivalents	\$ 371	\$ 209,138
Mutual Funds	55,727,987	55,748,680
Common/Collective Trust	6,159,162	5,391,447
Unit Investment Trusts	5,174,272	4,795,613
Self-Directed Brokerage Accounts	17,963,797	19,441,947
Total Investments at Fair Value	85,025,589	85,586,825
<b>Receivables</b>		
Employer Contributions	857,538	790,002
Employee Elective Deferral Contributions	0	66,474
Notes Receivable from Participants	1,265,481	1,214,931
Accrued Interest and Dividends	0	208
Total Receivables	2,123,019	2,071,615
<b>Net Assets Available for Benefits</b>	<b>\$ 87,148,608</b>	<b>\$ 87,658,440</b>

The Accompanying Notes are an Integral Part of These Financial Statements.

**SLOCUM-DICKSON MEDICAL GROUP, PLLC  
RETIREMENT PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS**

**For the Years Ended March 31, 2025 and 2024**

	<b>2025</b>	<b>2024</b>
<b>Additions</b>		
Investment Income		
Net Appreciation in Fair Value of Investments	\$ 3,322,014	\$ 11,782,410
Interest and Dividends	2,499,118	2,382,711
Total Investment Income	5,821,132	14,165,121
Interest Income on Notes Receivable from Participants	84,077	55,817
Employer Contributions	2,257,538	1,990,452
Employee Elective Deferral Contributions	1,714,228	1,716,497
Employee Rollover Contributions	217,286	315,609
<b>Total Additions</b>	<b>10,094,261</b>	<b>18,243,496</b>
<b>Deductions</b>		
Benefits Paid to Participants	10,274,388	11,702,266
Administrative Expenses		
Trustee and Recordkeeper Fees	301,226	287,250
Investment Manager Fees	28,479	22,793
<b>Total Deductions</b>	<b>10,604,093</b>	<b>12,012,309</b>
<b>Net Increase (Decrease)</b>	<b>(509,832)</b>	<b>6,231,187</b>
<b>Net Assets Available for Benefits, Beginning of Year</b>	<b>87,658,440</b>	<b>81,427,253</b>
<b>Net Assets Available for Benefits, End of Year</b>	<b>\$ 87,148,608</b>	<b>\$ 87,658,440</b>

The Accompanying Notes are an Integral Part of These Financial Statements.

**SLOCUM-DICKSON MEDICAL GROUP, PLLC  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Operations**

Slocum-Dickson Medical Group, PLLC Retirement Plan (the Plan) is a defined contribution profit-sharing plan covering eligible employees of Slocum-Dickson Medical Group, PLLC and Affiliates. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Basis of Accounting**

The financial statements were reported using the accrual basis of accounting. Employer and employee contributions receivables at March 31, 2025 and 2024, are valued at cost and represent contributions for the Plan years ended March 31, 2025 and 2024, which were received subsequent to year end. Benefits are recorded when paid.

**Investment Valuation and Income Recognition**

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the statements of changes in net assets available for benefits includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. The Plan considers the notes receivable from participants to be fully collectible at year end; accordingly, no allowance for doubtful accounts is required. Interest is recognized over the term of the loan. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**SLOCUM-DICKSON MEDICAL GROUP, PLLC  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 2 DESCRIPTION OF PLAN**

The following brief description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

An employee is eligible to participate in the Plan if they are twenty-one years of age and have completed 3 consecutive months of service having worked at least 83.3 hours of service in each month provided, however, they become eligible no later than the completion of 1,000 hours of service within a 12 consecutive month period. In order to be eligible to receive the employer contribution, the employee must have completed 1,000 hours of service during the Plan year and be employed on the last day of the Plan year.

Financing of the Plan comes from employer and participant contributions and investment income. Rollover contributions by participants are permitted. Employer contributions are allocated using a compensation-weighted formula. Essentially, those participants whose eligible compensation is greater than the social security wage base receive a greater contribution (as a percentage of compensation) than other participants. The Board of Directors of Slocum-Dickson Medical Group, PLLC determines annually the total amount to be contributed to the plan. Participants may contribute up to 100% of eligible pre-tax compensation or of eligible after-tax compensation under a Roth option as defined in the Plan, subject to maximum annual additions allowed by law. In no event will the employer plus the employee elective deferred contributions exceed the maximum amounts permitted by law. Participants become vested in employer contributions gradually over a 3-year period being 0% vested after Year 1, 30% vested after Year 2, and 100% vested after Year 3. Participants are always fully vested in their contributions to the plan.

Forfeitures can be used for restoration of participant's forfeitures first, to offset plan expenses, and then to reduce the employer non-elective contribution. The total accumulated forfeitures available at March 31, 2025 and 2024, were \$76,653 and \$98,158, respectively. The accumulated forfeitures used to reduce the employer contributions receivable at March 31, 2025 and 2024, were \$80,553 and \$103,883, respectively.

All investments are directed by the Plan participants. Participants may choose among twenty-five fund accounts or may instruct the trustee to invest in a broad range of individual investments that are allowed under the terms of the Plan (single IDA). Self-directed brokerage account custodians are NBT Bank and Fidelity. The twenty-five fund accounts are Federated Capital Preservation Fund, T. Rowe Price Spectrum Conservative Fund, T. Rowe Price Spectrum Moderate Fund, T. Rowe Price Spectrum Moderate Growth Fund, American Euro-Pacific Growth Fund, T. Rowe Price Growth Stock Fund, T. Rowe Price Dividend Growth Fund, American Beacon Small Cap Value Fund, Janus Henderson Triton Fund, Vanguard S&P 500 Index Fund, Vanguard Balanced Index Fund, Vanguard GNMA Fund, Vanguard Total Stock

**SLOCUM-DICKSON MEDICAL GROUP, PLLC  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 2 DESCRIPTION OF PLAN (Continued)**

Market Index Fund, Vanguard Total Bond Market Index Fund, Vanguard Small Cap Index Fund, Goldman Sachs Small Mid Cap Fund, T. Rowe Price Retirement Funds (Balanced, 2010, 2020, 2030, 2040, 2050 and 2060), Columbia Select Mid Cap Fund, and Columbia Dividend Income Fund.

The Plan allows loans to participants subject to various conditions under the terms of the Plan.

The Plan also allows participants to purchase life insurance under certain conditions. All premiums are charged against the account of the participant whose life is insured.

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and regulations pursuant thereto.

**NOTE 3 RISKS AND UNCERTAINTIES**

The Plan may invest in various types of investment securities. Investment securities are exposed to various market risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

**NOTE 4 FAIR VALUE MEASUREMENTS**

The Financial Accounting Standards Board authoritative guidance on fair value measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

**Level 1:** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2:** Inputs to the valuation methodology include the following:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

**SLOCUM-DICKSON MEDICAL GROUP, PLLC  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 4 FAIR VALUE MEASUREMENTS (Continued)**

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2025 and 2024:

Invested Cash and Cash Equivalents: Valued at cost which approximates fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/Collective Trust: Valued at net asset value of shares held by the Plan at year end.

Unit Investment Trusts: Invested assets in this category seek to provide current income and, as a secondary objective, the potential for capital appreciation.

Self-Directed Brokerage Accounts: These participant directed brokerage accounts include invested cash and mutual funds valued as described above. These accounts include Government and Agency Securities, Common Stocks, Mutual Funds, and Exchange Traded Funds which are valued at the closing price reported in the active market in which the individual security is traded. These accounts also include Corporate Bonds/Debentures and Preferred Securities. Bonds traded in the over-the-counter market and listed securities for which no sale was reported on the last business day of the plan year are valued at the average of the last reported bid and asked prices.

All assets have been valued using a market approach, except as noted above.

**SLOCUM-DICKSON MEDICAL GROUP, PLLC  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 4 FAIR VALUE MEASUREMENTS (Continued)**

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of March 31, 2025 and 2024:

<u>Investments</u>	<u>Total</u>	2025		
		Fair Value Measurements at Reporting Date Using the Above Criteria		
		<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Invested Cash and Cash				
Equivalents	\$ 371	\$ 371	\$ 0	\$ 0
Mutual Funds	55,727,987	55,727,987	0	0
Common/Collective Trust (a)	6,159,162	0	0	0
Unit Investment Trusts (a)	5,174,272	0	0	0
Self-Directed Brokerage				
Accounts	<u>17,963,797</u>	<u>16,887,467</u>	<u>1,076,330</u>	<u>0</u>
Total	<u>\$ 85,025,589</u>	<u>\$72,615,825</u>	<u>\$ 1,076,330</u>	<u>\$ 0</u>

<u>Investments</u>	<u>Total</u>	2024		
		Fair Value Measurements at Reporting Date Using the Above Criteria		
		<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Invested Cash and Cash				
Equivalents	\$ 209,138	\$ 209,138	\$ 0	\$ 0
Mutual Funds	55,748,680	55,748,680	0	0
Common/Collective Trust (a)	5,391,447	0	0	0
Unit Investment Trusts (a)	4,795,613	0	0	0
Self-Directed Brokerage				
Accounts	<u>19,441,947</u>	<u>17,977,552</u>	<u>1,464,395</u>	<u>0</u>
Total	<u>\$ 85,586,825</u>	<u>\$73,935,370</u>	<u>\$ 1,464,395</u>	<u>\$ 0</u>

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

**SLOCUM-DICKSON MEDICAL GROUP, PLLC  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 4 FAIR VALUE MEASUREMENTS (Continued)**

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of March 31, 2025 and 2024:

	Fair Value		Unfunded Commitments	Redemption Restrictions
	2025	2024		
Common/Collective Trust	\$ 6,159,162	\$ 5,391,447	\$ 0	None
Unit Investment Trusts	\$ 5,174,272	\$ 4,795,613	\$ 0	None

**NOTE 5 TAX STATUS**

The Plan is an adoption of a prototype plan of its recordkeeper, EPIC Advisors Inc. The Internal Revenue Service has determined and informed the recordkeeper that the Plan is qualified, and the trust established under the Plan is tax exempt under the appropriate sections of the Internal Revenue Code.

The prototype plan obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**NOTE 6 SUMMARY OF INFORMATION CERTIFIED BY PLAN TRUSTEE**

The Trustee, NBT Bank, has supplied the Plan's administrator with certifications as to the completeness and accuracy of information regarding investment assets, transactions, and income (including accrued interest and dividends) presented in the accompanying statements of net assets available for benefits as of March 31, 2025 and 2024, the statements of changes in net assets available for benefits for the years ended March 31, 2025 and 2024 and the supplemental schedule of assets (held at end of year) as of March 31, 2025. The certification includes the following as of March 31, 2025 and 2024 and the years then ended:

	2025	2024
Investments		
Invested Cash and Cash Equivalents	\$ 371	\$ 209,138
Self-Directed Brokerage Accounts	12,131,916	11,463,698
Unit Investment Trusts	5,174,272	4,795,613
Mutual Funds	55,727,987	55,748,680
Common/Collective Trust	6,159,162	5,391,447
	<u>\$ 79,193,708</u>	<u>\$ 77,608,576</u>
Accrued Interest and Dividends	\$ 0	\$ 208
Total Investment Income	<u>\$ 4,334,344</u>	<u>\$ 12,296,250</u>

**SLOCUM-DICKSON MEDICAL GROUP, PLLC  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 7 PARTIES-IN-INTEREST**

A party-in-interest is defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer and certain others. Plan assets are used to pay some expenses for administration of the Plan and the remaining administrative expenses are paid by the employer. Payments to such service providers by the Plan qualify as party-in-interest transactions.

Certain Plan investments are in Fidelity government cash reserves. Fidelity is one of the custodians as defined by the Plan for some of the self-directed brokerage accounts, and therefore, these transactions qualify as party-in-interest transactions. The investments in the Fidelity government cash reserves were \$447,945 and \$509,195 at March 31, 2025 and 2024, respectively.

**NOTE 8 CARES ACT PROVISIONS**

The Plan has changed some provisions to comply with the requirements of the Further Consolidated Appropriations Act, 2020, including the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act) provisions, the Coronavirus, Aid, Relief and Economic Security (CARES) Act, and the Consolidated Appropriations Act, 2021 (CAA), and corresponding guidance. The Plan has implemented certain requirements, among others, that allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, delay the commencement date for required minimum distributions, and allow participants to take qualified COVID-19 related distributions up to \$100,000 from the Plan within the applicable time periods as defined in the relevant sections of Applicable Law. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

**NOTE 9 SUBSEQUENT EVENTS**

Management has evaluated subsequent events through January 13, 2026, the date on which the financial statements were available to be issued.

**SLOCUM-DICKSON MEDICAL GROUP, PLLC  
RETIREMENT PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**March 31, 2025**

**Form 5500, Schedule H, Line 4i**

**EIN: 20-0362623**

**Plan: 002**

[a]	Identity of issue, borrower, lessor or similar party [b]	Description of investment including maturity date, rate of interest, collateral, par, or maturity value [c]	Cost [d]	Current Value [e]
	NBT Core 401K Account	See Attached Detail		See Attached Detail
	Participant Self-Directed Brokerage Accounts	Various		\$ 17,963,797
	NBT PCRA Account	See Attached Detail		See Attached Detail
	Participant Loans	Interest rates ranging from 3.25% to 9.50%		\$ 1,265,481

See Independent Auditor's Report.

SLOCUM-DICKSON MEDICAL GROUP RET PLN  
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ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
-----	-----	-----	-----	----	-----
	MUTUAL FUNDS				
	-----				
37,716.695	AMERICAN BEACON SMALL CAP VALUE R5 TICKER: AVFIX	912,412.17	848,248.47	936,773.29	88,524.82-
	MONTH END PRICE 22.4900				
0.000	COLUMBIA DIVIDEND INCOME FD CL ADV TICKER: CVIRX	542,975.78	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
19,158.002	COLUMBIA DIVIDEND INCOME FD CL INST TICKER: GSFTX	0.00	645,816.25	565,552.69	80,263.56
	MONTH END PRICE 33.7100				
0.000	COLUMBIA SELECT MID CAP VAL FD ADV TICKER: CFDRX	239,520.32	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
14,276.908	COLUMBIA SELECT MID CAP VAL FD INST TICKER: NAMAX	0.00	191,025.03	185,340.02	5,685.01
	MONTH END PRICE 13.3800				
22,544.090	EUROPACIFIC GROWTH FUND R4 TICKER: REREX	1,313,359.51	1,209,039.55	1,133,973.64	75,065.91
	MONTH END PRICE 53.6300				
16,720.945	GOLDMAN SACHS SML MID CAP GRWTH CL I TICKER: GSMYX	376,987.95	353,982.41	443,015.65	89,033.24-
	MONTH END PRICE 21.1700				
21,240.186	JANUS HENDERSON TRITON FD CL T TICKER: JATTX	569,500.15	516,773.73	645,198.58	128,424.85-
	MONTH END PRICE 24.3300				
7,988.854	SPECTRUM CONSRV ALLOCATION TICKER: PRSIX	138,260.72	157,859.76	150,968.18	6,891.58
	MONTH END PRICE 19.7600				
57,997.995	SPECTRUM MOD ALLOCATION TICKER: TRPBX	1,234,869.38	1,385,572.10	1,314,151.87	71,420.23
	MONTH END PRICE 23.8900				
28,838.664	SPECTRUM MOD GWTH ALLOCATION TICKER: TRSGX	1,066,390.23	1,126,149.83	956,969.17	169,180.66
	MONTH END PRICE 39.0500				
41,728.665	T ROWE PRICE GROWTH STK ADV TICKER: TRSAX	3,960,220.98	3,813,582.69	2,893,417.30	920,165.39
	MONTH END PRICE 91.3900				
3,833.741	T ROWE PRICE RETIREMENT BALANCE FD TICKER: TRRIX	54,079.53	51,257.12	56,466.57	5,209.45-
	MONTH END PRICE 13.3700				
222.060	T ROWE PRICE RETIREMENT 2010 FD TICKER: TRRAX	3,234.62	3,410.84	3,740.02	329.18-
	MONTH END PRICE 15.3600				
15,853.045	T ROWE PRICE RETIREMENT 2020 FUND TICKER: TRRBX	869,652.99	298,512.84	313,899.13	15,386.29-
	MONTH END PRICE 18.8300				
270,119.699	T ROWE PRICE RETIREMENT 2030 FD TICKER: TRRCX	6,392,521.23	6,982,594.22	6,626,630.00	355,964.22
	MONTH END PRICE 25.8500				
192,261.817	T ROWE PRICE RETIREMENT 2040 FD TICKER: TRRDY	5,593,225.95	5,900,515.16	5,216,835.24	683,679.92
	MONTH END PRICE 30.6900				
266,460.178	T ROWE PRICE RETIREMENT 2050 TICKER: TRRMX	4,548,723.42	5,054,749.58	4,273,365.67	781,383.91
	MONTH END PRICE 18.9700				
10,309.654	T ROWE PRICE RETIREMENT 2060 FD TICKER: TRRLX	62,109.03	171,140.26	163,010.50	8,129.76

SLOCUM-DICKSON MEDICAL GROUP RET PLN  
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ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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	MONTH END PRICE	16.6000			
11,088.301	T. ROWE PRICE DIVIDEND GROWTH ADV TICKER: TADGX	788,945.48	868,213.97	630,337.97	237,876.00
	MONTH END PRICE	78.3000			
0.000	TCW METWEST TOTAL RETURN BD I TICKER: MWTIX	1,213,427.10	0.00	0.00	0.00
	MONTH END PRICE	0.0000			
221,049.687	VANGUARD BALANCED INDEX FD ADMIRAL TICKER: VBIAX	10,727,783.60	10,314,178.40	8,144,250.51	2,169,927.89
	MONTH END PRICE	46.6600			
27,544.003	VANGUARD GNMA FUND ADMIRAL SHRS TICKER: VFIJX	350,873.15	256,159.23	282,012.75	25,853.52-
	MONTH END PRICE	9.3000			
15,336.276	VANGUARD SMALL CAP INDEX ADMIRAL SH TICKER: VSMAX	1,916,240.95	1,629,325.96	1,503,057.42	126,268.54
	MONTH END PRICE	106.2400			
135,300.149	VANGUARD TOTAL BOND MKT INDEX ADM TICKER: VBTLX	0.00	1,305,646.44	1,323,799.28	18,152.84-
	MONTH END PRICE	9.6500			
25,754.897	VANGUARD TOTAL STOCK MKT INDX FD ADM TICKER: VTSAX	807,054.87	3,444,717.47	3,342,645.90	102,071.57
	MONTH END PRICE	133.7500			
17,768.944	VANGUARD 500 INDEX F TICKER: VFIAX	12,066,311.35	9,199,515.38	4,617,309.50	4,582,205.88
	MONTH END PRICE	517.7300			
		-----	-----	-----	-----
		55,748,680.46	55,727,986.69	45,722,720.85	10,005,265.84
	COLLECTIVE INVESTMENT TRUSTS -----				
615,916.174	CAPITAL PRESERVATION INSTL SVC PRCN TICKER: FIC1Z	5,391,447.00	6,159,161.74	6,159,161.74	0.00
	MONTH END PRICE	10.0000			
		-----	-----	-----	-----
		5,391,447.00	6,159,161.74	6,159,161.74	0.00
		-----	-----	-----	-----
	TOTAL CASH	61,140,127.46	61,887,148.43	51,881,882.59	10,005,265.84
		209,138.40	371.19		
		-----	-----	-----	-----
	NET ASSETS	61,349,265.86	61,887,519.62		
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TRUST BANK

SLOCUM-DICKSON MEDICAL GROUP RET PLN  
 ACCOUNT NUMBER: 205561-PCRA  
 REPORTING PERIOD: 3/31/24 TO 3/31/25  
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ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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CASH EQUIVALENTS					
477,915.380	SCHWAB GOVERNMENT MONEY FD INV SHS TICKER: SNVXX MONTH END PRICE 1.0000	59,177.94	477,915.38	477,915.38	0.00
135,067.370	SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX MONTH END PRICE 1.0000	130,303.83	135,067.37	135,067.37	0.00
65,709.310	SCHWAB VALUE ADVANTA TICKER: SWVXX MONTH END PRICE 1.0000	62,548.87	65,709.31	65,709.31	0.00
		-----	-----	-----	-----
		252,030.64	678,692.06	678,692.06	0.00
GOV'T AND AGENCY OBLIGATIONS					
100,000.000	US TREAS N NT 5% 8/31/25 TICKER: 8785001 MONTH END PRICE 100.2812	100,203.12	100,281.25	100,155.91	125.34
0.000	US TREASU NT 4.625% 2/28/25 TICKER: 8784970 MONTH END PRICE 0.0000	99,593.75	0.00	0.00	0.00
120,000.000	US TREASU NT 4.875% 5/31/26 TICKER: 8785047 MONTH END PRICE 100.9375	0.00	121,125.00	121,981.48	856.48-
0.000	US TREASUR NT 4.5% 11/30/24 TICKER: 8784948 MONTH END PRICE 0.0000	14,927.34	0.00	0.00	0.00
0.000	US TREASUR NT 2.25% 3/31/24 TICKER: 8784895 MONTH END PRICE 0.0000	175,000.00	0.00	0.00	0.00
0.000	US TREASUR NT 3.25% 8/31/24 TICKER: 8772070 MONTH END PRICE 0.0000	148,734.38	0.00	0.00	0.00
15,000.000	US TREASUR NT 4.25% 5/31/25 TICKER: 8784986 MONTH END PRICE 99.9844	14,875.78	14,997.66	14,898.90	98.76
150,000.000	US TREASUR NT 4.25% 10/15/25 TICKER: 8784936 MONTH END PRICE 100.0156	148,757.81	150,023.43	149,390.07	633.36
		-----	-----	-----	-----
		702,092.18	386,427.34	386,426.36	0.98
COMMON STOCK					
200.000	ABBVIE INC TICKER: ABBV MONTH END PRICE 209.5200	36,420.00	41,904.00	32,760.00	9,144.00
12.000	ADVANSIX INC TICKER: ASIX MONTH END PRICE 22.6500	343.20	271.80	196.92	74.88
430.000	AIR PRODS & CHEMS INC TICKER: APD MONTH END PRICE 294.9200	104,176.10	126,815.60	76,078.00	50,737.60
1,500.000	ALPHABET INC. TICKER: GOOG MONTH END PRICE 156.2300	228,390.00	234,345.00	101,861.69	132,483.31
850.000	AMAZON COM INC TICKER: AMZN MONTH END PRICE 190.2600	155,126.80	161,721.00	98,018.31	63,702.69



TRUST BANK

SLOCUM-DICKSON MEDICAL GROUP RET PLN  
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ASSET DETAIL

SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
380.000	AMGEN INCORPORATED TICKER: AMGN	108,041.60	118,389.00	67,693.73	50,695.27
	MONTH END PRICE	311.5500			
500.000	AMPHENOL CORP CL A TICKER: APH	37,373.40	32,795.00	7,541.46	25,253.54
	MONTH END PRICE	65.5900			
1,000.000	AON PLC TICKER: AON	333,720.00	399,090.00	95,760.00	303,330.00
	MONTH END PRICE	399.0900			
936.000	APPLE INC TICKER: AAPL	167,364.48	207,913.68	42,194.35	165,719.33
	MONTH END PRICE	222.1300			
0.000	ARCADIUM LITHIUM PLC TICKER: ALTM	10,658.63	0.00	0.00	0.00
	MONTH END PRICE	0.0000			
104.000	AUTO DATA PROCESSING TICKER: ADP	32,466.20	31,775.12	9,036.02	22,739.10
	MONTH END PRICE	305.5300			
2,000.000	BANK OF AMERICA CORP TICKER: BAC	75,840.00	83,460.00	25,400.00	58,060.00
	MONTH END PRICE	41.7300			
2,000.000	BANK OF NEW YORK CO NEW TICKER: BK	115,240.00	167,740.00	78,574.79	89,165.21
	MONTH END PRICE	83.8700			
0.000	BARRICK GOLD CORP F TICKER: GOLD	16,640.00	0.00	0.00	0.00
	MONTH END PRICE	0.0000			
1,070.000	BECTON DICKINSON & CO TICKER: BDX	264,771.50	245,094.20	166,779.82	78,314.38
	MONTH END PRICE	229.0600			
62.000	BERKSHIRE HATHAWAY B NEW TICKER: BRK/B	31,118.48	33,019.96	10,135.33	22,884.63
	MONTH END PRICE	532.5800			
500.000	BRINKER INTL INC TICKER: EAT	24,840.00	74,525.00	14,875.80	59,649.20
	MONTH END PRICE	149.0500			
200.000	BRISTOL-MYERS SQUIBB TICKER: BMY	10,846.00	12,198.00	12,450.00	252.00-
	MONTH END PRICE	60.9900			
250.000	BROADCOM LIMITED TICKER: AVGO	0.00	41,857.50	49,900.60	8,043.10-
	MONTH END PRICE	167.4300			
1,140.000	CHARLES SCHWAB CORPORATION TICKER: SCHW	86,808.00	89,239.20	58,312.61	30,926.59
	MONTH END PRICE	78.2800			
500.000	CHEESECAKE FACTORY INC TICKER: CAKE	18,075.00	24,330.00	13,215.00	11,115.00
	MONTH END PRICE	48.6600			
600.000	CHEVRON CORP NEW TICKER: CVX	94,644.00	100,374.00	57,372.38	43,001.62
	MONTH END PRICE	167.2900			
150.000	CHUBB LTD TICKER: CB	0.00	45,298.50	39,739.50	5,559.00
	MONTH END PRICE	301.9900			
350.000	CIGNA CORP TICKER: CI	127,116.50	115,150.00	49,437.50	65,712.50
	MONTH END PRICE	329.0000			

**ASSET DETAIL**  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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150.000	CINTAS CORP TICKER: CTAS	41,221.80	30,829.50	4,432.90	26,396.60
	MONTH END PRICE 205.5300				
300.000	CITIGROUP INC TICKER: C	18,972.00	21,297.00	21,095.97	201.03
	MONTH END PRICE 70.9900				
300.000	CLOROX CO TICKER: CLX	45,933.00	44,175.00	38,883.90	5,291.10
	MONTH END PRICE 147.2500				
1,000.000	CNH INDUSTRIAL NV TICKER: CNHI	0.00	12,280.00	12,266.20	13.80
	MONTH END PRICE 12.2800				
1,100.000	COLGATE-PALMOLIVE CO TICKER: CL	99,055.00	103,070.00	72,829.93	30,240.07
	MONTH END PRICE 93.7000				
500.000	CONOCOPHILLIPS TICKER: COP	63,640.00	52,510.00	17,060.00	35,450.00
	MONTH END PRICE 105.0200				
1,000.000	CORNING INC TICKER: GLW	32,960.00	45,780.00	18,310.00	27,470.00
	MONTH END PRICE 45.7800				
2,000.000	CORTEVA INC TICKER: CTVA	115,340.00	125,860.00	49,620.00	76,240.00
	MONTH END PRICE 62.9300				
28.000	COSTCO WHSL CORP NEW TICKER: COST	35,166.24	26,481.84	5,010.21	21,471.63
	MONTH END PRICE 945.7800				
500.000	CRISPR THERAPEUTICS TICKER: CRSP	34,080.00	17,015.00	24,956.45	7,941.45-
	MONTH END PRICE 34.0300				
94.000	DANAHER CORPORATION DELAWARE TICKER: DHR	23,473.68	19,270.00	7,203.68	12,066.32
	MONTH END PRICE 205.0000				
50.000	DEERE & CO TICKER: DE	20,537.00	23,467.50	18,260.75	5,206.75
	MONTH END PRICE 469.3500				
600.000	DOMINION RES INC VA TICKER: D	29,514.00	33,642.00	40,584.78	6,942.78-
	MONTH END PRICE 56.0700				
140.000	DOVER CORP TICKER: DOV	24,806.60	24,595.20	10,508.83	14,086.37
	MONTH END PRICE 175.6800				
2,300.000	DOW HOLDINGS INC TICKER: DOW	133,239.00	80,316.00	123,720.79	43,404.79-
	MONTH END PRICE 34.9200				
533.000	DUKE ENERGY CORP TICKER: DUK	51,546.43	65,010.01	39,457.99	25,552.02
	MONTH END PRICE 121.9700				
1,100.000	DUPONT DE NEMOURS IN TICKER: DD	84,337.00	82,148.00	195,220.17	113,072.17-
	MONTH END PRICE 74.6800				
50.000	ELI LILLY & COMPANY TICKER: LLY	38,898.00	41,295.50	29,821.80	11,473.70
	MONTH END PRICE 825.9100				
500.000	EXACT SCIENCES CORP TICKER: EXAS	34,530.00	21,645.00	53,224.95	31,579.95-
	MONTH END PRICE 43.2900				

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
-----	-----	-----	-----	----	-----
500.000	EXXON MOBIL CORP TICKER: XOM	58,120.00	59,465.00	41,141.86	18,323.14
	MONTH END PRICE 118.9300				
0.000	FMC CORPORATION TICKER: FMC	63,700.00	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
300.000	GALLAGHER ARTHUR J & CO TICKER: AJG	75,012.00	103,572.00	12,018.00	91,554.00
	MONTH END PRICE 345.2400				
800.000	GATX CORP TICKER: GMT	107,224.00	124,216.00	33,320.00	90,896.00
	MONTH END PRICE 155.2700				
25.000	GINKGO BIOWORKS HLDG TICKER: DNA	0.00	142.50	14,350.00	14,207.50-
	MONTH END PRICE 5.7000				
0.000	GINKGO BIOWORKS HLDG TICKER: DNA	1,160.00	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
300.000	HONEYWELL INTERNATIONAL TICKER: HON	61,575.00	63,525.00	34,184.17	29,340.83
	MONTH END PRICE 211.7500				
500.000	INTERNATIONAL FLAVORS & FRAGRANCES TICKER: IFF	42,995.00	38,805.00	101,765.48	62,960.48-
	MONTH END PRICE 77.6100				
54.000	INTUIT TICKER: INTU	45,500.00	33,155.46	5,873.66	27,281.80
	MONTH END PRICE 613.9900				
200.000	IQVIA HOLDINGS INC TICKER: IQV	50,578.00	35,260.00	40,864.00	5,604.00-
	MONTH END PRICE 176.3000				
800.000	J P MORGAN CHASE & CO TICKER: JPM	160,240.00	196,240.00	57,578.91	138,661.09
	MONTH END PRICE 245.3000				
1,584.000	JOHNSON & JOHNSON TICKER: JNJ	250,572.96	262,690.56	176,996.97	85,693.59
	MONTH END PRICE 165.8400				
50.000	LENNOX INTERNATIONAL INC TICKER: LII	32,258.16	28,041.50	11,841.30	16,200.20
	MONTH END PRICE 560.8300				
500.000	LINDE PLC TICKER: LIN	232,160.00	232,820.00	55,812.52	177,007.48
	MONTH END PRICE 465.6400				
600.000	MASCO CORP TICKER: MAS	47,328.00	41,724.00	17,244.00	24,480.00
	MONTH END PRICE 69.5400				
720.000	MCCORMICK & CO INC TICKER: MKC	55,303.20	59,263.20	38,162.67	21,100.53
	MONTH END PRICE 82.3100				
550.000	MICROSOFT CORP TICKER: MSFT	231,396.00	206,464.50	78,135.36	128,329.14
	MONTH END PRICE 375.3900				
2,400.000	MONDELEZ INTL INC TICKER: MDLZ	168,000.00	162,840.00	97,628.01	65,211.99
	MONTH END PRICE 67.8500				
0.000	NESTLE S A TICKER: NSRGY	15,930.00	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
462.000	NEXTERA ENERGY INC TICKER: NEE	29,526.42	32,751.18	26,680.71	6,070.47

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION		BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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	MONTH END PRICE	70.8900				
1,000.000	ONE GAS INC TICKER: OGS		64,530.00	75,590.00	57,590.00	18,000.00
	MONTH END PRICE	75.5900				
2,300.000	ONEOK INC NEW TICKER: OKE		184,391.00	228,206.00	52,923.00	175,283.00
	MONTH END PRICE	99.2200				
120.000	PACKAGING CORP OF AMER TICKER: PKG		24,671.40	23,762.40	14,014.02	9,748.38
	MONTH END PRICE	198.0200				
1,100.000	PEPSICO INC TICKER: PEP		192,511.00	164,934.00	109,958.76	54,975.24
	MONTH END PRICE	149.9400				
1,219.000	PFIZER INCORPORATED TICKER: PFE		33,827.25	30,889.46	40,036.79	9,147.33-
	MONTH END PRICE	25.3400				
600.000	PHILIP MORRIS INTL INC TICKER: PM		54,972.00	95,238.00	59,309.23	35,928.77
	MONTH END PRICE	158.7300				
100.000	PHILLIPS 66 TICKER: PSX		16,334.00	12,348.00	8,013.26	4,334.74
	MONTH END PRICE	123.4800				
200.000	PNC FINANCIAL SERVICES GP INC TICKER: PNC		32,320.00	35,154.00	16,794.00	18,360.00
	MONTH END PRICE	175.7700				
0.000	POOL CORPORATION TICKER: POOL		20,982.00	0.00	0.00	0.00
	MONTH END PRICE	0.0000				
	MONTH END PRICE					
170.000	PROCTER & GAMBLE TICKER: PG		32,450.00	28,971.40	13,508.00	15,463.40
	MONTH END PRICE	170.4200				
210.000	R P M INCORPORATED OHIO TICKER: RPM		24,979.50	24,292.80	16,708.63	7,584.17
	MONTH END PRICE	115.6800				
50.000	RESIDEO TECHNOLOGIES TICKER: REZI		1,121.00	885.00	1,291.00	406.00-
	MONTH END PRICE	17.7000				
580.000	ROLLINS INC TICKER: ROL		31,232.25	31,337.40	7,200.56	24,136.84
	MONTH END PRICE	54.0300				
1,000.000	S & P GLOBAL INC TICKER: SPGI		425,450.00	508,100.00	89,300.00	418,800.00
	MONTH END PRICE	508.1000				
220.000	SCHEIN HENRY INC TICKER: HSIC		16,614.40	15,067.80	17,226.99	2,159.19-
	MONTH END PRICE	68.4900				
2,000.000	SEALED AIR CORP NEW TICKER: SEE		74,400.00	57,800.00	92,540.00	34,740.00-
	MONTH END PRICE	28.9000				
100.000	STERIS PLC TICKER: STE		22,482.00	22,665.00	24,238.06	1,573.06-
	MONTH END PRICE	226.6500				
250.000	T J X COS INC TICKER: TJX		40,568.00	30,450.00	11,758.69	18,691.31
	MONTH END PRICE	121.8000				
500.000	TEXTRON INC TICKER: TXT		47,965.00	36,125.00	17,275.00	18,850.00

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION		BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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	MONTH END PRICE	72.2500				
582.000	TOOTSIE ROLL INDS INC TICKER: TR		18,128.98	18,321.36	16,618.72	1,702.64
	MONTH END PRICE	31.4800				
510.000	TRACTOR SUPPLY CO TICKER: TSCO		28,789.20	28,101.00	7,397.66	20,703.34
	MONTH END PRICE	55.1000				
110.000	UNION PACIFIC CORP TICKER: UNP		27,052.30	25,986.40	14,229.53	11,756.87
	MONTH END PRICE	236.2400				
300.000	US BANCORP DEL NEW TICKER: USB		13,410.00	12,666.00	13,021.16	355.16-
	MONTH END PRICE	42.2200				
0.000	VAIL RESORTS INC TICKER: MTN		15,598.10	0.00	0.00	0.00
	MONTH END PRICE	0.0000				
31.000	VERALTO CORP TICKER: VLTO		2,748.46	3,020.95	2,638.72	382.23
	MONTH END PRICE	97.4500				
50.000	VERTEX PHARMACEUTICALS TICKER: VRTX		20,900.50	24,241.00	18,560.75	5,680.25
	MONTH END PRICE	484.8200				
490.000	VISA INC CL A TICKER: V		145,121.60	171,725.40	80,714.78	91,010.62
	MONTH END PRICE	350.4600				
200.000	W E C ENERGY GROUP I TICKER: WEC		16,424.00	21,796.00	12,343.54	9,452.46
	MONTH END PRICE	108.9800				
134.000	WASTE MANAGEMENT INC DEL TICKER: WM		34,104.00	31,022.34	15,738.22	15,284.12
	MONTH END PRICE	231.5100				
500.000	WILLIAMS CO. INC. TICKER: WMB		19,485.00	29,880.00	7,820.00	22,060.00
	MONTH END PRICE	59.7600				
20.000	ZIMMER HOLDINGS INC TICKER: ZBH		2,639.60	2,263.60	1,950.60	313.00
	MONTH END PRICE	113.1800				
2.000	ZIMVIE INC TICKER: ZIMV		32.98	21.60	51.06	29.46-
	MONTH END PRICE	10.8000				
600.000	3M COMPANY TICKER: MMM		63,642.00	88,116.00	112,723.74	24,607.74-
	MONTH END PRICE	146.8600				
			-----	-----	-----	-----
			6,485,725.90	6,817,947.92	3,686,895.20	3,131,052.72
	UNIT INVESTMENT TRUSTS					
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1,182.000	BLACKROCK SHORT DURATION BOND ETF TICKER: NEAR		0.00	60,128.34	60,003.94	124.40
	MONTH END PRICE	50.8700				
2,299.000	DIMENSIONAL INTERNATIONAL VAL ETF TICKER: DFIV		80,482.50	90,488.64	75,948.54	14,540.10
	MONTH END PRICE	39.3600				
0.000	INNOVATOR ETFS TR TICKER: PJUN		66,554.56	0.00	0.00	0.00
	MONTH END PRICE	0.0000				

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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1,415.000	INNOVATOR ETFS TR TICKER: PDEC MONTH END PRICE 37.6000	0.00	53,204.00	55,247.34	2,043.34-
0.000	INNOVATOR S AND P 50 TICKER: PAUG MONTH END PRICE 0.0000	18,716.02	0.00	0.00	0.00
0.000	ISHARES CORE MSCI EMERGING ETF TICKER: IEMG MONTH END PRICE 0.0000	22,910.40	0.00	0.00	0.00
0.000	ISHARES CORE S&P MID-CAP ETF TICKER: IJH MONTH END PRICE 0.0000	41,606.90	0.00	0.00	0.00
772.000	ISHARES EDGE MSCI USA MOMENTUM FACTO TICKER: MTUM MONTH END PRICE 202.1300	70,443.60	156,044.36	131,086.80	24,957.56
0.000	ISHARES EDGE MSCI USA VALUE FACTOR E TICKER: VLUE MONTH END PRICE 0.0000	104,844.08	0.00	0.00	0.00
5,643.000	ISHARES EMERGING MKTS EQ FACTOR ETF TICKER: EMGF MONTH END PRICE 46.7800	234,903.96	263,979.54	234,964.16	29,015.38
0.000	ISHARES INT GOV CREDIT BOND ETF TICKER: GVI MONTH END PRICE 0.0000	395,539.92	0.00	0.00	0.00
27,866.000	ISHARES INTERNATIONAL EQ FACTOR ETF TICKER: INTF MONTH END PRICE 30.8400	692,317.84	859,387.44	723,026.57	136,360.87
0.000	ISHARES MSCI EAFE SMALL CAP ETF TICKER: SCZ MONTH END PRICE 0.0000	19,125.66	0.00	0.00	0.00
1,477.000	ISHARES MSCI ETF TICKER: EUSA MONTH END PRICE 93.5900	0.00	138,232.43	148,143.10	9,910.67-
562.000	ISHARES SHORT TERM CORPORAT BD ETF TICKER: IGSB MONTH END PRICE 52.3700	27,588.64	29,431.94	28,220.20	1,211.74
12,370.000	ISHARES U.S. EQUITY FACTOR ETF TICKER: LRGF MONTH END PRICE 57.8800	850,574.67	715,975.60	370,146.94	345,828.66
11,309.000	ISHARES US SM CAP EQUITY FACTOR ETF TICKER: SMLF MONTH END PRICE 62.1600	761,243.34	702,967.44	493,810.51	209,156.93
2,064.000	SCHWAB STRATEGIC TR TICKER: SCHI MONTH END PRICE 22.4600	0.00	46,357.44	46,164.87	192.57
272.000	SPDR BLOOMBERG 1-3 MONTH T-BILL ETF TICKER: BIL MONTH END PRICE 91.7300	11,566.80	24,950.56	24,884.84	65.72
5,074.000	SPDR GOLD MINISHARES ETV TICKER: GLDM MONTH END PRICE 61.8900	277,823.35	314,029.86	122,868.81	191,161.05
0.000	SPDR RUSSELL 1000 YI TICKER: ONEY MONTH END PRICE 0.0000	52,481.57	0.00	0.00	0.00
703.000	SPDR S&P BIOTECH ETF IV TICKER: XBI MONTH END PRICE 81.1000	65,758.77	57,013.30	59,962.90	2,949.60-

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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1,370.000	SPDR SHORT TERM TREASURY ETF TICKER: SPTS	19,405.32	40,058.80	39,437.83	620.97
	MONTH END PRICE 29.2400				
313.000	VANGUARD DIVIDEND APPRECIATION ETF TICKER: VIG	65,922.21	60,718.87	51,178.26	9,540.61
	MONTH END PRICE 193.9900				
546.000	VANGUARD EMERGING MKT GOV BND ETF IV TICKER: VWOB	58,678.15	35,053.20	42,688.70	7,635.50-
	MONTH END PRICE 64.2000				
277.000	VANGUARD GROWTH ETF TICKER: VUG	132,172.80	102,717.14	79,382.86	23,334.28
	MONTH END PRICE 370.8200				
2,049.000	VANGUARD INTERMEDIATE TERM COR ETF TICKER: VCIT	179,859.34	167,526.24	162,251.90	5,274.34
	MONTH END PRICE 81.7600				
8,723.000	VANGUARD INTRMDIAT TRM TRSRY ETF TICKER: VGIT	0.00	518,146.20	510,373.00	7,773.20
	MONTH END PRICE 59.4000				
3,054.000	VANGUARD LONG TERM TREASURY ETF TICKER: VGLT	88,089.88	175,940.94	193,114.40	17,173.46-
	MONTH END PRICE 57.6100				
2,948.000	VANGUARD SHORT TERM COR BD ETF TICKER: VCSH	326,480.13	232,715.12	236,862.83	4,147.71-
	MONTH END PRICE 78.9400				
2,540.000	VANGUARD SHRT INF PROT SEC INDEX ETF TICKER: VTIP	22,508.30	126,746.00	123,926.49	2,819.51
	MONTH END PRICE 49.9000				
979.000	VANGUARD US MOMENTUM TICKER: VFMO	108,013.92	148,524.09	116,903.61	31,620.48
	MONTH END PRICE 151.7100				
427.000	VANGUARD US MULTIFACTOR ETF TICKER: VFMF	0.00	53,934.28	57,052.83	3,118.55-
	MONTH END PRICE 126.3098				
		-----	-----	-----	-----
		4,795,612.63	5,174,271.77	4,187,652.23	986,619.54
		-----	-----	-----	-----
	TOTAL	12,235,461.35	13,057,339.09	8,939,665.85	4,117,673.24
	CASH	5,423.36	5,239.77		
		-----	-----	-----	-----
	NET ASSETS	12,240,884.71	13,062,578.86		
		=====	=====		

**SLOCUM-DICKSON MEDICAL GROUP, PLLC  
RETIREMENT PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**March 31, 2025**

**Form 5500, Schedule H, Line 4i**

**EIN: 20-0362623**

**Plan: 002**

[a]	Identity of issue, borrower, lessor or similar party [b]	Description of investment including maturity date, rate of interest, collateral, par, or maturity value [c]	Cost [d]	Current Value [e]
	NBT Core 401K Account	See Attached Detail		See Attached Detail
	Participant Self-Directed Brokerage Accounts	Various		\$ 17,963,797
	NBT PCRA Account	See Attached Detail		See Attached Detail
	Participant Loans	Interest rates ranging from 3.25% to 9.50%		\$ 1,265,481

See Independent Auditor's Report.

SLOCUM-DICKSON MEDICAL GROUP RET PLN  
 ACCOUNT NUMBER: 205561  
 REPORTING PERIOD: 3/31/24 TO 3/31/25  
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ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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	MUTUAL FUNDS				
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37,716.695	AMERICAN BEACON SMALL CAP VALUE R5 TICKER: AVFIX	912,412.17	848,248.47	936,773.29	88,524.82-
	MONTH END PRICE 22.4900				
0.000	COLUMBIA DIVIDEND INCOME FD CL ADV TICKER: CVIRX	542,975.78	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
19,158.002	COLUMBIA DIVIDEND INCOME FD CL INST TICKER: GSFTX	0.00	645,816.25	565,552.69	80,263.56
	MONTH END PRICE 33.7100				
0.000	COLUMBIA SELECT MID CAP VAL FD ADV TICKER: CFDRX	239,520.32	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
14,276.908	COLUMBIA SELECT MID CAP VAL FD INST TICKER: NAMAX	0.00	191,025.03	185,340.02	5,685.01
	MONTH END PRICE 13.3800				
22,544.090	EUROPACIFIC GROWTH FUND R4 TICKER: RERX	1,313,359.51	1,209,039.55	1,133,973.64	75,065.91
	MONTH END PRICE 53.6300				
16,720.945	GOLDMAN SACHS SML MID CAP GRWTH CL I TICKER: GSMYX	376,987.95	353,982.41	443,015.65	89,033.24-
	MONTH END PRICE 21.1700				
21,240.186	JANUS HENDERSON TRITON FD CL T TICKER: JATTX	569,500.15	516,773.73	645,198.58	128,424.85-
	MONTH END PRICE 24.3300				
7,988.854	SPECTRUM CONSRV ALLOCATION TICKER: PRSIX	138,260.72	157,859.76	150,968.18	6,891.58
	MONTH END PRICE 19.7600				
57,997.995	SPECTRUM MOD ALLOCATION TICKER: TRPBX	1,234,869.38	1,385,572.10	1,314,151.87	71,420.23
	MONTH END PRICE 23.8900				
28,838.664	SPECTRUM MOD GWTH ALLOCATION TICKER: TRSGX	1,066,390.23	1,126,149.83	956,969.17	169,180.66
	MONTH END PRICE 39.0500				
41,728.665	T ROWE PRICE GROWTH STK ADV TICKER: TRSAX	3,960,220.98	3,813,582.69	2,893,417.30	920,165.39
	MONTH END PRICE 91.3900				
3,833.741	T ROWE PRICE RETIREMENT BALANCE FD TICKER: TRRIX	54,079.53	51,257.12	56,466.57	5,209.45-
	MONTH END PRICE 13.3700				
222.060	T ROWE PRICE RETIREMENT 2010 FD TICKER: TRRAX	3,234.62	3,410.84	3,740.02	329.18-
	MONTH END PRICE 15.3600				
15,853.045	T ROWE PRICE RETIREMENT 2020 FUND TICKER: TRRBX	869,652.99	298,512.84	313,899.13	15,386.29-
	MONTH END PRICE 18.8300				
270,119.699	T ROWE PRICE RETIREMENT 2030 FD TICKER: TRRCX	6,392,521.23	6,982,594.22	6,626,630.00	355,964.22
	MONTH END PRICE 25.8500				
192,261.817	T ROWE PRICE RETIREMENT 2040 FD TICKER: TRRDY	5,593,225.95	5,900,515.16	5,216,835.24	683,679.92
	MONTH END PRICE 30.6900				
266,460.178	T ROWE PRICE RETIREMENT 2050 TICKER: TRRMX	4,548,723.42	5,054,749.58	4,273,365.67	781,383.91
	MONTH END PRICE 18.9700				
10,309.654	T ROWE PRICE RETIREMENT 2060 FD TICKER: TRRLX	62,109.03	171,140.26	163,010.50	8,129.76

SLOCUM-DICKSON MEDICAL GROUP RET PLN  
 ACCOUNT NUMBER: 205561  
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ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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	MONTH END PRICE	16.6000			
11,088.301	T. ROWE PRICE DIVIDEND GROWTH ADV TICKER: TADGX	788,945.48	868,213.97	630,337.97	237,876.00
	MONTH END PRICE	78.3000			
0.000	TCW METWEST TOTAL RETURN BD I TICKER: MWTIX	1,213,427.10	0.00	0.00	0.00
	MONTH END PRICE	0.0000			
221,049.687	VANGUARD BALANCED INDEX FD ADMIRAL TICKER: VBIAX	10,727,783.60	10,314,178.40	8,144,250.51	2,169,927.89
	MONTH END PRICE	46.6600			
27,544.003	VANGUARD GNMA FUND ADMIRAL SHRS TICKER: VFIJX	350,873.15	256,159.23	282,012.75	25,853.52-
	MONTH END PRICE	9.3000			
15,336.276	VANGUARD SMALL CAP INDEX ADMIRAL SH TICKER: VSMAX	1,916,240.95	1,629,325.96	1,503,057.42	126,268.54
	MONTH END PRICE	106.2400			
135,300.149	VANGUARD TOTAL BOND MKT INDEX ADM TICKER: VBTLX	0.00	1,305,646.44	1,323,799.28	18,152.84-
	MONTH END PRICE	9.6500			
25,754.897	VANGUARD TOTAL STOCK MKT INDX FD ADM TICKER: VTSAX	807,054.87	3,444,717.47	3,342,645.90	102,071.57
	MONTH END PRICE	133.7500			
17,768.944	VANGUARD 500 INDEX F TICKER: VFIAX	12,066,311.35	9,199,515.38	4,617,309.50	4,582,205.88
	MONTH END PRICE	517.7300			
		-----	-----	-----	-----
		55,748,680.46	55,727,986.69	45,722,720.85	10,005,265.84
	COLLECTIVE INVESTMENT TRUSTS -----				
615,916.174	CAPITAL PRESERVATION INSTL SVC PRCN TICKER: FIC1Z	5,391,447.00	6,159,161.74	6,159,161.74	0.00
	MONTH END PRICE	10.0000			
		-----	-----	-----	-----
		5,391,447.00	6,159,161.74	6,159,161.74	0.00
		-----	-----	-----	-----
	TOTAL	61,140,127.46	61,887,148.43	51,881,882.59	10,005,265.84
	CASH	209,138.40	371.19		
		-----	-----	-----	-----
	NET ASSETS	61,349,265.86	61,887,519.62		
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**ASSET DETAIL**  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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CASH EQUIVALENTS					
477,915.380	SCHWAB GOVERNMENT MONEY FD INV SHS TICKER: SNVXX MONTH END PRICE 1.0000	59,177.94	477,915.38	477,915.38	0.00
135,067.370	SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX MONTH END PRICE 1.0000	130,303.83	135,067.37	135,067.37	0.00
65,709.310	SCHWAB VALUE ADVANTA TICKER: SWVXX MONTH END PRICE 1.0000	62,548.87	65,709.31	65,709.31	0.00
		-----	-----	-----	-----
		252,030.64	678,692.06	678,692.06	0.00
GOV'T AND AGENCY OBLIGATIONS					
100,000.000	US TREAS N NT 5% 8/31/25 TICKER: 8785001 MONTH END PRICE 100.2812	100,203.12	100,281.25	100,155.91	125.34
0.000	US TREASU NT 4.625% 2/28/25 TICKER: 8784970 MONTH END PRICE 0.0000	99,593.75	0.00	0.00	0.00
120,000.000	US TREASU NT 4.875% 5/31/26 TICKER: 8785047 MONTH END PRICE 100.9375	0.00	121,125.00	121,981.48	856.48-
0.000	US TREASUR NT 4.5% 11/30/24 TICKER: 8784948 MONTH END PRICE 0.0000	14,927.34	0.00	0.00	0.00
0.000	US TREASUR NT 2.25% 3/31/24 TICKER: 8784895 MONTH END PRICE 0.0000	175,000.00	0.00	0.00	0.00
0.000	US TREASUR NT 3.25% 8/31/24 TICKER: 8772070 MONTH END PRICE 0.0000	148,734.38	0.00	0.00	0.00
15,000.000	US TREASUR NT 4.25% 5/31/25 TICKER: 8784986 MONTH END PRICE 99.9844	14,875.78	14,997.66	14,898.90	98.76
150,000.000	US TREASUR NT 4.25% 10/15/25 TICKER: 8784936 MONTH END PRICE 100.0156	148,757.81	150,023.43	149,390.07	633.36
		-----	-----	-----	-----
		702,092.18	386,427.34	386,426.36	0.98
COMMON STOCK					
200.000	ABBVIE INC TICKER: ABBV MONTH END PRICE 209.5200	36,420.00	41,904.00	32,760.00	9,144.00
12.000	ADVANSIX INC TICKER: ASIX MONTH END PRICE 22.6500	343.20	271.80	196.92	74.88
430.000	AIR PRODS & CHEMS INC TICKER: APD MONTH END PRICE 294.9200	104,176.10	126,815.60	76,078.00	50,737.60
1,500.000	ALPHABET INC. TICKER: GOOG MONTH END PRICE 156.2300	228,390.00	234,345.00	101,861.69	132,483.31
850.000	AMAZON COM INC TICKER: AMZN MONTH END PRICE 190.2600	155,126.80	161,721.00	98,018.31	63,702.69



TRUST BANK

SLOCUM-DICKSON MEDICAL GROUP RET PLN  
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ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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380.000	AMGEN INCORPORATED TICKER: AMGN	108,041.60	118,389.00	67,693.73	50,695.27
	MONTH END PRICE	311.5500			
500.000	AMPHENOL CORP CL A TICKER: APH	37,373.40	32,795.00	7,541.46	25,253.54
	MONTH END PRICE	65.5900			
1,000.000	AON PLC TICKER: AON	333,720.00	399,090.00	95,760.00	303,330.00
	MONTH END PRICE	399.0900			
936.000	APPLE INC TICKER: AAPL	167,364.48	207,913.68	42,194.35	165,719.33
	MONTH END PRICE	222.1300			
0.000	ARCADIUM LITHIUM PLC TICKER: ALTM	10,658.63	0.00	0.00	0.00
	MONTH END PRICE	0.0000			
104.000	AUTO DATA PROCESSING TICKER: ADP	32,466.20	31,775.12	9,036.02	22,739.10
	MONTH END PRICE	305.5300			
2,000.000	BANK OF AMERICA CORP TICKER: BAC	75,840.00	83,460.00	25,400.00	58,060.00
	MONTH END PRICE	41.7300			
2,000.000	BANK OF NEW YORK CO NEW TICKER: BK	115,240.00	167,740.00	78,574.79	89,165.21
	MONTH END PRICE	83.8700			
0.000	BARRICK GOLD CORP F TICKER: GOLD	16,640.00	0.00	0.00	0.00
	MONTH END PRICE	0.0000			
1,070.000	BECTON DICKINSON & CO TICKER: BDX	264,771.50	245,094.20	166,779.82	78,314.38
	MONTH END PRICE	229.0600			
62.000	BERKSHIRE HATHAWAY B NEW TICKER: BRK/B	31,118.48	33,019.96	10,135.33	22,884.63
	MONTH END PRICE	532.5800			
500.000	BRINKER INTL INC TICKER: EAT	24,840.00	74,525.00	14,875.80	59,649.20
	MONTH END PRICE	149.0500			
200.000	BRISTOL-MYERS SQUIBB TICKER: BMY	10,846.00	12,198.00	12,450.00	252.00-
	MONTH END PRICE	60.9900			
250.000	BROADCOM LIMITED TICKER: AVGO	0.00	41,857.50	49,900.60	8,043.10-
	MONTH END PRICE	167.4300			
1,140.000	CHARLES SCHWAB CORPORATION TICKER: SCHW	86,808.00	89,239.20	58,312.61	30,926.59
	MONTH END PRICE	78.2800			
500.000	CHEESECAKE FACTORY INC TICKER: CAKE	18,075.00	24,330.00	13,215.00	11,115.00
	MONTH END PRICE	48.6600			
600.000	CHEVRON CORP NEW TICKER: CVX	94,644.00	100,374.00	57,372.38	43,001.62
	MONTH END PRICE	167.2900			
150.000	CHUBB LTD TICKER: CB	0.00	45,298.50	39,739.50	5,559.00
	MONTH END PRICE	301.9900			
350.000	CIGNA CORP TICKER: CI	127,116.50	115,150.00	49,437.50	65,712.50
	MONTH END PRICE	329.0000			

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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150.000	CINTAS CORP TICKER: CTAS	41,221.80	30,829.50	4,432.90	26,396.60
	MONTH END PRICE 205.5300				
300.000	CITIGROUP INC TICKER: C	18,972.00	21,297.00	21,095.97	201.03
	MONTH END PRICE 70.9900				
300.000	CLOROX CO TICKER: CLX	45,933.00	44,175.00	38,883.90	5,291.10
	MONTH END PRICE 147.2500				
1,000.000	CNH INDUSTRIAL NV TICKER: CNHI	0.00	12,280.00	12,266.20	13.80
	MONTH END PRICE 12.2800				
1,100.000	COLGATE-PALMOLIVE CO TICKER: CL	99,055.00	103,070.00	72,829.93	30,240.07
	MONTH END PRICE 93.7000				
500.000	CONOCOPHILLIPS TICKER: COP	63,640.00	52,510.00	17,060.00	35,450.00
	MONTH END PRICE 105.0200				
1,000.000	CORNING INC TICKER: GLW	32,960.00	45,780.00	18,310.00	27,470.00
	MONTH END PRICE 45.7800				
2,000.000	CORTEVA INC TICKER: CTVA	115,340.00	125,860.00	49,620.00	76,240.00
	MONTH END PRICE 62.9300				
28.000	COSTCO WHSL CORP NEW TICKER: COST	35,166.24	26,481.84	5,010.21	21,471.63
	MONTH END PRICE 945.7800				
500.000	CRISPR THERAPEUTICS TICKER: CRSP	34,080.00	17,015.00	24,956.45	7,941.45-
	MONTH END PRICE 34.0300				
94.000	DANAHER CORPORATION DELAWARE TICKER: DHR	23,473.68	19,270.00	7,203.68	12,066.32
	MONTH END PRICE 205.0000				
50.000	DEERE & CO TICKER: DE	20,537.00	23,467.50	18,260.75	5,206.75
	MONTH END PRICE 469.3500				
600.000	DOMINION RES INC VA TICKER: D	29,514.00	33,642.00	40,584.78	6,942.78-
	MONTH END PRICE 56.0700				
140.000	DOVER CORP TICKER: DOV	24,806.60	24,595.20	10,508.83	14,086.37
	MONTH END PRICE 175.6800				
2,300.000	DOW HOLDINGS INC TICKER: DOW	133,239.00	80,316.00	123,720.79	43,404.79-
	MONTH END PRICE 34.9200				
533.000	DUKE ENERGY CORP TICKER: DUK	51,546.43	65,010.01	39,457.99	25,552.02
	MONTH END PRICE 121.9700				
1,100.000	DUPONT DE NEMOURS IN TICKER: DD	84,337.00	82,148.00	195,220.17	113,072.17-
	MONTH END PRICE 74.6800				
50.000	ELI LILLY & COMPANY TICKER: LLY	38,898.00	41,295.50	29,821.80	11,473.70
	MONTH END PRICE 825.9100				
500.000	EXACT SCIENCES CORP TICKER: EXAS	34,530.00	21,645.00	53,224.95	31,579.95-
	MONTH END PRICE 43.2900				

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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500.000	EXXON MOBIL CORP TICKER: XOM	58,120.00	59,465.00	41,141.86	18,323.14
	MONTH END PRICE 118.9300				
0.000	FMC CORPORATION TICKER: FMC	63,700.00	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
300.000	GALLAGHER ARTHUR J & CO TICKER: AJG	75,012.00	103,572.00	12,018.00	91,554.00
	MONTH END PRICE 345.2400				
800.000	GATX CORP TICKER: GMT	107,224.00	124,216.00	33,320.00	90,896.00
	MONTH END PRICE 155.2700				
25.000	GINKGO BIOWORKS HLDG TICKER: DNA	0.00	142.50	14,350.00	14,207.50-
	MONTH END PRICE 5.7000				
0.000	GINKGO BIOWORKS HLDG TICKER: DNA	1,160.00	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
300.000	HONEYWELL INTERNATIONAL TICKER: HON	61,575.00	63,525.00	34,184.17	29,340.83
	MONTH END PRICE 211.7500				
500.000	INTERNATIONAL FLAVORS & FRAGRANCES TICKER: IFF	42,995.00	38,805.00	101,765.48	62,960.48-
	MONTH END PRICE 77.6100				
54.000	INTUIT TICKER: INTU	45,500.00	33,155.46	5,873.66	27,281.80
	MONTH END PRICE 613.9900				
200.000	IQVIA HOLDINGS INC TICKER: IQV	50,578.00	35,260.00	40,864.00	5,604.00-
	MONTH END PRICE 176.3000				
800.000	J P MORGAN CHASE & CO TICKER: JPM	160,240.00	196,240.00	57,578.91	138,661.09
	MONTH END PRICE 245.3000				
1,584.000	JOHNSON & JOHNSON TICKER: JNJ	250,572.96	262,690.56	176,996.97	85,693.59
	MONTH END PRICE 165.8400				
50.000	LENNOX INTERNATIONAL INC TICKER: LII	32,258.16	28,041.50	11,841.30	16,200.20
	MONTH END PRICE 560.8300				
500.000	LINDE PLC TICKER: LIN	232,160.00	232,820.00	55,812.52	177,007.48
	MONTH END PRICE 465.6400				
600.000	MASCO CORP TICKER: MAS	47,328.00	41,724.00	17,244.00	24,480.00
	MONTH END PRICE 69.5400				
720.000	MCCORMICK & CO INC TICKER: MKC	55,303.20	59,263.20	38,162.67	21,100.53
	MONTH END PRICE 82.3100				
550.000	MICROSOFT CORP TICKER: MSFT	231,396.00	206,464.50	78,135.36	128,329.14
	MONTH END PRICE 375.3900				
2,400.000	MONDELEZ INTL INC TICKER: MDLZ	168,000.00	162,840.00	97,628.01	65,211.99
	MONTH END PRICE 67.8500				
0.000	NESTLE S A TICKER: NSRGY	15,930.00	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
462.000	NEXTERA ENERGY INC TICKER: NEE	29,526.42	32,751.18	26,680.71	6,070.47

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION		BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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	MONTH END PRICE	70.8900				
1,000.000	ONE GAS INC TICKER: OGS		64,530.00	75,590.00	57,590.00	18,000.00
	MONTH END PRICE	75.5900				
2,300.000	ONEOK INC NEW TICKER: OKE		184,391.00	228,206.00	52,923.00	175,283.00
	MONTH END PRICE	99.2200				
120.000	PACKAGING CORP OF AMER TICKER: PKG		24,671.40	23,762.40	14,014.02	9,748.38
	MONTH END PRICE	198.0200				
1,100.000	PEPSICO INC TICKER: PEP		192,511.00	164,934.00	109,958.76	54,975.24
	MONTH END PRICE	149.9400				
1,219.000	PFIZER INCORPORATED TICKER: PFE		33,827.25	30,889.46	40,036.79	9,147.33-
	MONTH END PRICE	25.3400				
600.000	PHILIP MORRIS INTL INC TICKER: PM		54,972.00	95,238.00	59,309.23	35,928.77
	MONTH END PRICE	158.7300				
100.000	PHILLIPS 66 TICKER: PSX		16,334.00	12,348.00	8,013.26	4,334.74
	MONTH END PRICE	123.4800				
200.000	PNC FINANCIAL SERVICES GP INC TICKER: PNC		32,320.00	35,154.00	16,794.00	18,360.00
	MONTH END PRICE	175.7700				
0.000	POOL CORPORATION TICKER: POOL		20,982.00	0.00	0.00	0.00
	MONTH END PRICE	0.0000				
	MONTH END PRICE					
170.000	PROCTER & GAMBLE TICKER: PG		32,450.00	28,971.40	13,508.00	15,463.40
	MONTH END PRICE	170.4200				
210.000	R P M INCORPORATED OHIO TICKER: RPM		24,979.50	24,292.80	16,708.63	7,584.17
	MONTH END PRICE	115.6800				
50.000	RESIDEO TECHNOLOGIES TICKER: REZI		1,121.00	885.00	1,291.00	406.00-
	MONTH END PRICE	17.7000				
580.000	ROLLINS INC TICKER: ROL		31,232.25	31,337.40	7,200.56	24,136.84
	MONTH END PRICE	54.0300				
1,000.000	S & P GLOBAL INC TICKER: SPGI		425,450.00	508,100.00	89,300.00	418,800.00
	MONTH END PRICE	508.1000				
220.000	SCHEIN HENRY INC TICKER: HSIC		16,614.40	15,067.80	17,226.99	2,159.19-
	MONTH END PRICE	68.4900				
2,000.000	SEALED AIR CORP NEW TICKER: SEE		74,400.00	57,800.00	92,540.00	34,740.00-
	MONTH END PRICE	28.9000				
100.000	STERIS PLC TICKER: STE		22,482.00	22,665.00	24,238.06	1,573.06-
	MONTH END PRICE	226.6500				
250.000	T J X COS INC TICKER: TJX		40,568.00	30,450.00	11,758.69	18,691.31
	MONTH END PRICE	121.8000				
500.000	TEXTRON INC TICKER: TXT		47,965.00	36,125.00	17,275.00	18,850.00

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION		BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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	MONTH END PRICE	72.2500				
582.000	TOOTSIE ROLL INDS INC TICKER: TR		18,128.98	18,321.36	16,618.72	1,702.64
	MONTH END PRICE	31.4800				
510.000	TRACTOR SUPPLY CO TICKER: TSCO		28,789.20	28,101.00	7,397.66	20,703.34
	MONTH END PRICE	55.1000				
110.000	UNION PACIFIC CORP TICKER: UNP		27,052.30	25,986.40	14,229.53	11,756.87
	MONTH END PRICE	236.2400				
300.000	US BANCORP DEL NEW TICKER: USB		13,410.00	12,666.00	13,021.16	355.16-
	MONTH END PRICE	42.2200				
0.000	VAIL RESORTS INC TICKER: MTN		15,598.10	0.00	0.00	0.00
	MONTH END PRICE	0.0000				
31.000	VERALTO CORP TICKER: VLTO		2,748.46	3,020.95	2,638.72	382.23
	MONTH END PRICE	97.4500				
50.000	VERTEX PHARMACEUTICALS TICKER: VRTX		20,900.50	24,241.00	18,560.75	5,680.25
	MONTH END PRICE	484.8200				
490.000	VISA INC CL A TICKER: V		145,121.60	171,725.40	80,714.78	91,010.62
	MONTH END PRICE	350.4600				
200.000	W E C ENERGY GROUP I TICKER: WEC		16,424.00	21,796.00	12,343.54	9,452.46
	MONTH END PRICE	108.9800				
134.000	WASTE MANAGEMENT INC DEL TICKER: WM		34,104.00	31,022.34	15,738.22	15,284.12
	MONTH END PRICE	231.5100				
500.000	WILLIAMS CO. INC. TICKER: WMB		19,485.00	29,880.00	7,820.00	22,060.00
	MONTH END PRICE	59.7600				
20.000	ZIMMER HOLDINGS INC TICKER: ZBH		2,639.60	2,263.60	1,950.60	313.00
	MONTH END PRICE	113.1800				
2.000	ZIMVIE INC TICKER: ZIMV		32.98	21.60	51.06	29.46-
	MONTH END PRICE	10.8000				
600.000	3M COMPANY TICKER: MMM		63,642.00	88,116.00	112,723.74	24,607.74-
	MONTH END PRICE	146.8600				
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			6,485,725.90	6,817,947.92	3,686,895.20	3,131,052.72
	UNIT INVESTMENT TRUSTS					
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1,182.000	BLACKROCK SHORT DURATION BOND ETF TICKER: NEAR		0.00	60,128.34	60,003.94	124.40
	MONTH END PRICE	50.8700				
2,299.000	DIMENSIONAL INTERNATIONAL VAL ETF TICKER: DFIV		80,482.50	90,488.64	75,948.54	14,540.10
	MONTH END PRICE	39.3600				
0.000	INNOVATOR ETFS TR TICKER: PJUN		66,554.56	0.00	0.00	0.00
	MONTH END PRICE	0.0000				

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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1,415.000	INNOVATOR ETFS TR TICKER: PDEC MONTH END PRICE 37.6000	0.00	53,204.00	55,247.34	2,043.34-
0.000	INNOVATOR S AND P 50 TICKER: PAUG MONTH END PRICE 0.0000	18,716.02	0.00	0.00	0.00
0.000	ISHARES CORE MSCI EMERGING ETF TICKER: IEMG MONTH END PRICE 0.0000	22,910.40	0.00	0.00	0.00
0.000	ISHARES CORE S&P MID-CAP ETF TICKER: IJH MONTH END PRICE 0.0000	41,606.90	0.00	0.00	0.00
772.000	ISHARES EDGE MSCI USA MOMENTUM FACTO TICKER: MTUM MONTH END PRICE 202.1300	70,443.60	156,044.36	131,086.80	24,957.56
0.000	ISHARES EDGE MSCI USA VALUE FACTOR E TICKER: VLUE MONTH END PRICE 0.0000	104,844.08	0.00	0.00	0.00
5,643.000	ISHARES EMERGING MKTS EQ FACTOR ETF TICKER: EMGF MONTH END PRICE 46.7800	234,903.96	263,979.54	234,964.16	29,015.38
0.000	ISHARES INT GOV CREDIT BOND ETF TICKER: GVI MONTH END PRICE 0.0000	395,539.92	0.00	0.00	0.00
27,866.000	ISHARES INTERNATIONAL EQ FACTOR ETF TICKER: INTF MONTH END PRICE 30.8400	692,317.84	859,387.44	723,026.57	136,360.87
0.000	ISHARES MSCI EAFE SMALL CAP ETF TICKER: SCZ MONTH END PRICE 0.0000	19,125.66	0.00	0.00	0.00
1,477.000	ISHARES MSCI ETF TICKER: EUSA MONTH END PRICE 93.5900	0.00	138,232.43	148,143.10	9,910.67-
562.000	ISHARES SHORT TERM CORPORAT BD ETF TICKER: IGSB MONTH END PRICE 52.3700	27,588.64	29,431.94	28,220.20	1,211.74
12,370.000	ISHARES U.S. EQUITY FACTOR ETF TICKER: LRGF MONTH END PRICE 57.8800	850,574.67	715,975.60	370,146.94	345,828.66
11,309.000	ISHARES US SM CAP EQUITY FACTOR ETF TICKER: SMLF MONTH END PRICE 62.1600	761,243.34	702,967.44	493,810.51	209,156.93
2,064.000	SCHWAB STRATEGIC TR TICKER: SCHI MONTH END PRICE 22.4600	0.00	46,357.44	46,164.87	192.57
272.000	SPDR BLOOMBERG 1-3 MONTH T-BILL ETF TICKER: BIL MONTH END PRICE 91.7300	11,566.80	24,950.56	24,884.84	65.72
5,074.000	SPDR GOLD MINISHARES ETV TICKER: GLDM MONTH END PRICE 61.8900	277,823.35	314,029.86	122,868.81	191,161.05
0.000	SPDR RUSSELL 1000 YI TICKER: ONEY MONTH END PRICE 0.0000	52,481.57	0.00	0.00	0.00
703.000	SPDR S&P BIOTECH ETF IV TICKER: XBI MONTH END PRICE 81.1000	65,758.77	57,013.30	59,962.90	2,949.60-

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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1,370.000	SPDR SHORT TERM TREASURY ETF TICKER: SPTS	19,405.32	40,058.80	39,437.83	620.97
	MONTH END PRICE 29.2400				
313.000	VANGUARD DIVIDEND APPRECIATION ETF TICKER: VIG	65,922.21	60,718.87	51,178.26	9,540.61
	MONTH END PRICE 193.9900				
546.000	VANGUARD EMERGING MKT GOV BND ETF IV TICKER: VWOB	58,678.15	35,053.20	42,688.70	7,635.50-
	MONTH END PRICE 64.2000				
277.000	VANGUARD GROWTH ETF TICKER: VUG	132,172.80	102,717.14	79,382.86	23,334.28
	MONTH END PRICE 370.8200				
2,049.000	VANGUARD INTERMEDIATE TERM COR ETF TICKER: VCIT	179,859.34	167,526.24	162,251.90	5,274.34
	MONTH END PRICE 81.7600				
8,723.000	VANGUARD INTRMDIAT TRM TRSRY ETF TICKER: VGIT	0.00	518,146.20	510,373.00	7,773.20
	MONTH END PRICE 59.4000				
3,054.000	VANGUARD LONG TERM TREASURY ETF TICKER: VGLT	88,089.88	175,940.94	193,114.40	17,173.46-
	MONTH END PRICE 57.6100				
2,948.000	VANGUARD SHORT TERM COR BD ETF TICKER: VCSH	326,480.13	232,715.12	236,862.83	4,147.71-
	MONTH END PRICE 78.9400				
2,540.000	VANGUARD SHRT INF PROT SEC INDEX ETF TICKER: VTIP	22,508.30	126,746.00	123,926.49	2,819.51
	MONTH END PRICE 49.9000				
979.000	VANGUARD US MOMENTUM TICKER: VFMO	108,013.92	148,524.09	116,903.61	31,620.48
	MONTH END PRICE 151.7100				
427.000	VANGUARD US MULTIFACTOR ETF TICKER: VFMF	0.00	53,934.28	57,052.83	3,118.55-
	MONTH END PRICE 126.3098				
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		4,795,612.63	5,174,271.77	4,187,652.23	986,619.54
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	TOTAL	12,235,461.35	13,057,339.09	8,939,665.85	4,117,673.24
	CASH	5,423.36	5,239.77		
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	NET ASSETS	12,240,884.71	13,062,578.86		
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